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ABSTRACT

Essential knowledge, practice, and values for the education of baccalaureate-level nurses are specified in a report developed under the direction of a national panel of representatives from the nursing, health care, and higher education communities. The report, entitled "Essentials for College and University Education for Professional Nursing," discusses the context of nursing and its effect on education and socialization of the nursing student. Abilities that the professional nursing program should develop are identified, along with seven values, including altruism, equality, and esthetics. Examples are provided of attitudes, personal qualities, and professional behaviors that reflect a commitment to each of these values. Also identified are types of knowledge needed to: determine health status and needs by interpreting health-related data, set goals and a care plan and implement the plan, define the health learning needs of clients or groups, evaluate patient responses to interventions, provide care for groups of three or more patients, use an analytical decision-making approach, coordinate resources for providing care, collaborate with patients and co-workers, refer individuals to sources of aid, work within the structure of health care settings, show accountability for one's own nursing practice, serve as an advocate to ensure quality health care practices, and promote nursing as a profession. (SW)

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# ESSENTIALS OF COLLEGE AND UNIVERSITY EDUCATION FOR PROFESSIONAL NURSING

## FINAL REPORT

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PROJECT ON THE

ESSENTIALS OF COLLEGE AND UNIVERSITY EDUCATION

FOR PROFESSIONAL NURSING

# ESSENTIALS OF COLLEGE AND UNIVERSITY EDUCATION FOR PROFESSIONAL NURSING

## FINAL REPORT

American Association of Colleges of Nursing

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One Dupont Circle, Washington, DC 20036

October 1986

Jeannette R. Spero, President
American Association of Colleges of Nursing
One Dupont Circle, Suite 530
Washington, DC 20036

Dear Dr. Spero:

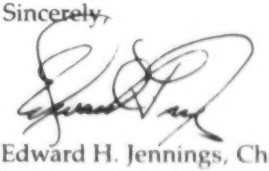
On behalf of the members of the Essentials Panel, I am pleased to transmit the report "Essentials of College and University Education for Professional Nursing." It has been my privilege to chair the Panel during the past two years.

The Panel was charged to define the essential knowledge, practice, and values for the education of the professional nurse; three Work Groups were established to assist the Panel with the work. Over 25,000 copies of a working document were distributed to members of the nursing, health care, and higher education communities in February 1986, followed by open hearings in seven locations across the country in March and April 1986. In addition, almost 1500 representatives of education and health care institutions responded to the document in writing. All of the oral and written responses were reviewed and analyzed.

The role of the nurse has changed dramatically over the last quarter century. College and university programs for professional nursing must ensure that well-educated nurses are prepared for present as well as future challenges of health care delivery. We believe that the American Association of Colleges of Nursing can do this by encouraging the implementation of these essentials.

The members of the Panel join me in thanking you for the opportunity to serve the American Association of Colleges of Nursing and the nursing community. We wish you continuing success in advancing the quality of education for professional nursing.

Sincerely,



Edward H. Jennings, Chairman
Panel for Essentials of
College and University
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# ESSENTIALS OF COLLEGE AND UNIVERSITY EDUCATION FOR PROFESSIONAL NURSING

**Report to the Membership of AACN**
**October 1986**

In 1984, the American Association of Colleges of Nursing received a grant from the Pew Memorial Trust to define education for professional nursing. The proposal was based on recommendations in the Institute of Medicine Study on Nursing and Nursing Education (1983) and the Report of the National Commission on Nursing (1983). The project, entitled "Essentials of College and University Education for Professional Nursing," was directed by a national panel of representatives from the nursing, health care, and higher education communities. Three work groups assisted with the project. Although there have been previous attempts at the national level to deal with specific issues related to nursing education, the current project represents the first comprehensive national effort to define the essential knowledge, practice, and values that the baccalaureate nurse should possess.

**The panel recommends that every program preparing nurses for the first professional degree include educational experiences for each of the essentials.** The depth of exposure and the method of providing the education for the essentials will vary from program to program. In addition, most programs will include education beyond the essentials based on characteristics of the university or college in which the program is located, the student body, the community, and health care institutions and agencies where students learn clinical judgment and practice skills. Although the essential knowledge, practice, and values are presented in separate sections of the report, the panel recognizes that the essentials are interrelated parts of the entire educational process.

The task of the panel and work groups was to define the essential components rather than the total education of the professional nurse. Education prior to college or university, for example, is not included. **The panel recommends that each program establish requirements for admission including those related to general education.**

Before presenting the essentials, the context of nursing and its effect on education and the socialization of the student into nursing are discussed.

## The Context of Nursing and Its Effect on Education

The role of the nurse has expanded considerably in the past 20 years matching the pace of change in the health care system. Rapid changes in health care, especially those related to age groups, care settings, and technology, require that the professional nurse has an up-to-date knowl-

edge and practice base, the motivation and skills for life-long learning, and the ability to translate new knowledge and skills into health care for individuals, families, groups and communities. These changes have implications for curricular content, clinical learning sites, new areas of specialized knowledge, and changed responsibilities. The following illustrate the effects that some changes have had on the context of nursing.

A shift from retrospective reimbursement to prospective payment in health care has led to early discharge and the need for nurses to administer complex care in homes and alternative health settings. Home care of the acutely and chronically ill and the establishment of hospices have increased the need for the delivery of nursing care in community settings. A redistribution of power has modified the roles of nurses and physicians and the missions of health care agencies. In addition, consumers are assuming more decision-making responsibility for their health. Technological advances present ethical dilemmas such as the right to die, allocation of donor organs, and the balance between high technology and high touch. The cultural diversity of consumers and the variability in their knowledge of health care are factors that have increased the need for health care advocacy.

Professional nurses, who are primary health providers, engage in a broad range of health promotion and teaching activities and coordinate care in every sector of the health care system. Nurses have major roles in wellness and health promotion, in acute care, and in long-term care for chronic illness. Each of these areas is discussed briefly.

*Wellness and Health Promotion* The nurse, who has direct contact with people at all levels of health and in diverse settings, has a key role in health teaching and health promotion. These two functions are likely to expand in scope and significance as life style and stress are implicated in the development of diseases such as stroke, heart disease, and cancer. Nurses are becoming increasingly involved in community wellness efforts focused on health education, life style change, early childhood health, and stress-management. Nurses assist people by helping them learn to deal with daily health problems. In addition, many nursing interventions focus on identifying and decreasing health risks.

*Acute Care* The complexity and intrusiveness of highly technical health care has increased the acuity levels of hospitalized patients/clients* and expanded the diagnostic-monitoring activities of the nurse. The nurse is faced with the need for immediate responses to unstable conditions and greater participation in decisions about life and death. The intensity of

*Throughout the document, patient/client refers to individuals, families, groups, and communities.

disease conditions along with abbreviated hospitalizations requires the nurse to provide extensive support and education.

*Long-Term Care for Chronic Illness* The number of chronically ill and injured individuals has increased the need for rehabilitation and follow-up care. Increases in stress-related chronic illness, survival rates of people with major injuries, and an aging population require efforts to support and teach self-care to individuals and families in order to achieve maximum functioning. Meeting these health care needs falls primarily in nursing's domain.

The diversity and complexity of nursing practice in today's health care field makes it necessary to prepare nurses who can think critically and creatively and who have a sound education in nursing science, related sciences, and the humanities.

**The panel recommends that the essential knowledge, practice, and values presented in this document be interpreted in light of the roles and responsibilities discussed above.**

**Socialization**

Socialization is a largely subconscious process by which an individual acquires the attributes associated with a profession. Through the socialization process, the student develops a sense of identity and commitment to the profession by internalizing the norms, values, knowledge, skills, and behaviors shared by members of that profession.

The socialization process results in the following outcomes:

1. A linkage between the individual's motivation for entering nursing and the development of professional behavior.
2. A nursing perspective and related critical-thinking and problem-solving skills.
3. Mastery of the knowledge and skills of the profession.
4. Internalization of the values, traditions, and obligations of the professional.
5. Identification with and commitment to the profession.

The student enters the college or university with knowledge, skills, and values that are expanded and modified through the educational process. Faculty serve as socializing agents through modeling and teaching the professional role; demonstrating mastery of nursing knowledge, skills, and behaviors; and exhibiting commitment to values, traditions, obligations, and concerns of the profession. These socialization strategies are a planned part of the educational process.

Being successful in the nursing role and adopting attributes of the profession help the student identify with and gain commitment to the profession. As a sense of personal worth develops, the student moves from mere enactment of the role to becoming a professional nurse.

## LIBERAL EDUCATION

In 1984 and 1985, three national panels recommended improvements for the undergraduate curriculum, especially in liberal education (Association of American Colleges, 1985; National Institute of Education, 1984; and National Endowment for the Humanities, 1984). **We recommend that the education of the professional nurse reflect the spirit of these reports so that the graduate will exhibit qualities of mind and character that are necessary to live a free and fulfilling life, act in the public interest locally and globally, and contribute to health care improvements and the nursing profession.** The aim of education is to prepare a fully-functioning human being. A major nursing function is to enhance the well-being of others, therefore, the nurse must have the educational foundation to foster personal well-being and continuing growth.

Knowledge is neither the exclusive province of the experts in an academic discipline nor limited to a specific set of courses. The whole academic community shares responsibility for the education of the student. Knowledge acquired at the college or university level builds on previous experience and learning and is enhanced by collaboration among faculty from many disciplines. The liberally educated person who is prepared in this manner can responsibly challenge the status quo and anticipate and adapt to change.

**We recommend that the education of the professional nurse ensure the ability to:**

1. Write, read, and speak English clearly and effectively in order to acquire knowledge, convey and discuss ideas, evaluate information, and think critically.
2. Think analytically and reason logically using verifiable information and past experience in order to select or create solutions to problems.
3. Understand a second language, at least at an elementary level, in order to widen access to the diversity of world cultures.
4. Understand other cultural traditions in order to gain a perspective on personal values and the similarities and differences among individuals and groups.
5. Use mathematical concepts, interpret quantitative data, and use computers and other information technology in order to analyze problems and develop positions that depend on numbers and statistics.
6. Use concepts from the behavioral and biological sciences in order to understand oneself and one's relationships with other people and to comprehend the nature and function of communities.
7. Understand the physical world and its interrelationship with human activity in order to make decisions that are based on

scientific evidence and responsive to the values and interests of the individual and society.

8. Comprehend life and time from historical and contemporary perspectives and draw from past experiences to influence the present and future.
9. Gain a perspective on social, political, and economic issues for resolving societal and professional problems.
10. Comprehend the meaning of human spirituality in order to recognize the relationship of beliefs to culture, behavior, health, and healing.
11. Appreciate the role of the fine and performing arts in stimulating individual creativity, expressing personal feelings and emotions, and building a sense of the commonality of human experience.
12. Understand the nature of human values and develop a personal philosophy in order to make ethical judgments in both personal and professional life.

Professors of nursing, like all faculty, must help shape and actively support the liberal education requirements of their colleges and universities. Nursing faculty are responsible for integrating knowledge from the liberal arts and sciences into professional nursing education and practice. Liberally educated nurses make informed and responsible ethical choices and help shape the future of society as well as the nursing profession.

## VALUES AND PROFESSIONAL BEHAVIORS

College and university education for professional nursing includes processes that foster the development of values, attitudes, personal qualities, and professional behaviors. Values are defined as beliefs or ideals to which an individual is committed and which guide behavior. Values are reflected in attitudes, personal qualities, and consistent patterns of behavior. Attitudes are inclinations or dispositions to respond positively or negatively to a person, object, or situation, while personal qualities are innate or learned attributes of an individual. Professional behaviors reflect the individual's commitment to specific values.

Nursing has been described as a cultural paradox. The professional nurse must adopt contemporary characteristics such as independence, assertiveness, self-esteem, and confidence as well as those of a more traditional nature such as compassion, acceptance, consideration, and kindness. Adoption of the essential values leads the nurse to a sense of commitment and social responsibility, a sensitivity and responsiveness to the needs of others, and a responsibility for oneself and one's actions.

**We recommend that the following seven values are essential for the**

**professional nurse.** Examples of attitudes, personal qualities, and professional behaviors are included that reflect a commitment to one or more of these values.

| ESSENTIAL VALUES* | EXAMPLES OF ATTITUDES AND PERSONAL QUALITIES | EXAMPLES OF PROFESSIONAL BEHAVIORS |
|---|---|---|
| **1. ALTRUISM**<br>Concern for the welfare of others. | Caring<br>Commitment<br>Compassion<br>Generosity<br>Perseverance | Gives full attention to the patient/client when giving care.<br><br>Assists other personnel in providing care when they are unable to do so.<br><br>Expresses concern about social trends and issues that have implications for health care. |
| **2. EQUALITY**<br>Having the same rights, privileges, or status. | Acceptance<br>Assertiveness<br>Fairness<br>Self-esteem<br>Tolerance | Provides nursing care based on the individual's needs irrespective of personal characteristics.**<br><br>Interacts with other providers in a non-discriminatory manner.<br><br>Expresses ideas about the improvement of access to nursing and health care. |
| **3. ESTHETICS**<br>Qualities of objects, events, and persons that provide satisfaction. | Appreciation<br>Creativity<br>Imagination<br>Sensitivity | Adapts the environment so it is pleasing to the patient/client.<br><br>Creates a pleasant work environment for self and others.<br><br>Presents self in a manner that promotes a positive image of nursing. |
| **4. FREEDOM**<br>Capacity to exercise choice. | Confidence<br>Hope<br>Independence<br>Openness<br>Self-direction<br>Self-discipline | Honors individuals's right to refuse treatment.<br><br>Supports the rights of other providers to suggest alternatives to the plan of care.<br><br>Encourages open discussion of controversial issues in the profession. |

* The values are listed in alphabetic rather than priority order.

**From CODE FOR NURSES, American Nurses' Association, 1976.

| | | |
|---|---|---|
| **5. HUMAN DIGNITY**<br>Inherent worth and uniqueness of an individual. | Consideration<br>Empathy<br>Humaneness<br>Kindness<br>Respectfulness<br>Trust | Safeguards the individual's right to privacy.<br>Addresses individuals as they prefer to be addressed.<br>Maintains confidentiality of patients/clients and staff.<br>Treats others with respect regardless of background. |
| **6. JUSTICE**<br>Upholding moral and legal principles. | Courage<br>Integrity<br>Morality<br>Objectivity | Acts as a health care advocate.<br>Allocates resources fairly.<br>Reports incompetent, unethical, and illegal practice objectively and factually.* |
| **7. TRUTH**<br>Faithfulness to fact or reality. | Accountability<br>Authenticity<br>Honesty<br>Inquisitiveness<br>Rationality<br>Reflectiveness | Documents nursing care accurately and honestly.<br>Obtains sufficient data to make sound judgments before reporting infractions of organizational policies.<br>Participates in professional efforts to protect the public from misinformation about nursing. |

The professional nurse assigns priorities to these values within specific decision-making contexts in the application of essential knowledge and practice. The nurse, guided by these values, attitudes, and personal qualities, demonstrates ethical professional behavior with patients/clients, colleagues, and others in providing safe, humanistic care focused on health and quality of life. Values, attitudes, personal qualities, and consistent patterns of behavior begin to develop early in life, but also are fostered and facilitated by selected educational strategies and the process of socialization to the profession.

## KNOWLEDGE AND PROFESSIONAL NURSING PRACTICE

Professional nursing practice is based on liberal and professional knowledge, clinical and cognitive skills, and the value system of the individual. Professional nursing encompasses the care of individuals, families, groups, and communities as well as health teaching and health promotion.

Nursing practice is a type of knowledge, an application of knowledge,

*From CODE FOR NURSES, American Nurses' Association, 1976.

and a way of knowing. The application of clinical knowledge requires judgment and innovation. Clinical knowledge may be formalized into theory as a result of systematically studying nursing practice.

Nursing students must develop the knowledge and skill essential for clinical judgment in diverse contexts of nursing practice. Therefore, it is important that students learn strategies for systematic data collection, assessment, implementation, and evaluation of nursing care. Clinical judgments are made and nursing interventions are selected and administered based on data collection and assessment.

Clinical judgment is the process of translating knowledge and observation into a plan of nursing action and the implementation of that plan for the benefit of the patient/client. The clinical judgment of the professional nurse focuses on the outcomes of nursing and health care. These outcomes include staying healthy, avoiding illness, increasing well-being, decreasing symptoms of illness and discomfort, getting well, and coping with irreversible changes and death. Astute clinical judgment is essential for the diagnostic and monitoring functions of professional practice and is verified by successful health care outcomes.

The nurse functions in a variety of settings and confronts various human responses and a wide range of ages, cultures, health beliefs, and individual expectations in the practice of professional nursing. Clinical judgments permeate this entire practice. The nature and scope of clinical judgments distinguish the practice of the professional nurse from others who may participate in nursing activities or carry out certain nursing procedures. Clinical judgment in unstructured settings and in situations with unpredictable outcomes are specific responsibilities of the professional nurse and, therefore, are emphasized in college and university education for nursing.

Nursing intervention includes cognitive, psychosocial, and psychomotor skills based on the nursing plan of care or the plans of other health care professionals. Intervention provides additional opportunities for data collection. Examples of nursing interventions and clinical skills with minimal levels of achievement essential for the new graduate of a professional nursing program are presented in the appendix of this report.

**We recommend that programs preparing nurses for the first professional degree include educational experiences for each of the following essentials. We further recommend that graduates of professional nursing programs possess the nursing interventions and clinical skills necessary to make clinical judgments** (See examples in Appendix A).

This section of the document is organized according to three major roles of the nurse: provider of care, coordinator of care, and member of a profession. The provider of care section is further organized according to the nursing process.

*PROVIDER OF CARE*

The professional nurse provides nursing care to individuals, families, groups, and communities along a continuum of health, illness, and disability in multiple settings. The nurse is concerned with assessing health, illness, and the response to disease as well as the relationships among these three. Nursing requires skills for collecting clinical data about health, illness, symptoms, expected and preferred modes of treatment, recovery, and the patient's/client's interpretation of these states. Systematic assessment, which includes communication and planning skills, helps ensure that nursing care goals are congruent with the patient's/client's needs and preferences.

Nursing interventions are delivered in a variety of settings, cover a broad range of intents, and require a commitment to caring. These interventions require clinical judgment skills; diagnostic and monitoring skills; and helping, coaching, teaching, counseling, and communication skills. Nursing interventions focus on preventing illness; promoting health; and maximizing physical, functional, and psychosocial status. In addition to direct intervention, nursing is concerned with marshalling appropriate family, community, and professional resources to augment self-care and nursing care, as well as collaborating with and assisting other health care providers in the delivery of care.

The primary intents of evaluation are to ensure the adequacy of the care plan in meeting goals, improve the process of intervention, and develop nursing knowledge. Evaluative clinical judgments are built on nursing assessment skills and related knowledge; planning skills enable the nurse to modify the plan of care and the process of care delivery.

1. **KNOWLEDGE NEEDED TO DETERMINE HEALTH STATUS AND HEALTH NEEDS BASED ON THE INTERPRETATION OF HEALTH-RELATED DATA.**
   a. Theories and models that guide nursing practice.
   b. Nursing process.
   c. System of classification for nursing diagnosis.
   d. Data collection tools and techniques of assessment for individuals, families, groups, and communities.
   e. Characteristics, concepts, and processes related to individuals including anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; and cultural and spiritual beliefs and practices related to health, illness, birth, and death and dying.
   f. Characteristics, concepts, and processes related to families and groups including family development, structure, and function; family communication patterns and decision-making structures; family and group dynamics and behavior; and family and group dysfunction.

g. Characteristics, concepts, and processes related to communities including epidemiology, risk factors and their implications for selected populations, resources and resource assessment techniques, environmental factors, and social organization.
h. Distinctions and relationships between health status, health-seeking behaviors, illness experiences, and disease processes.
i. Diagnoses, therapies, and treatments of patients/clients to whom care is being given.

**1.1 CLINICAL JUDGMENTS AND RELATED SKILLS** needed to select and obtain health data in collaboration with individuals, their families, and other health care professionals.
a. Take patient/client history to obtain physical, psychosocial, cultural, familial, occupational, and environmental information.
b. Perform basic examination to identify health status and monitor for change.

**1.2 CLINICAL JUDGMENTS AND RELATED SKILLS** needed to make nursing diagnoses based on health-related data.
a. Analyze health data of individuals and their families.
b. Interpret health-related data.
c. Document nursing diagnoses.

**2. KNOWLEDGE NEEDED TO FORMULATE GOALS AND A PLAN OF CARE IN COLLABORATION WITH PATIENTS/CLIENTS AND OTHER HEALTH CARE PROFESSIONALS.**
a. The dynamics of the nurse-patient/nurse-client relationship.
b. Principles of prevention from health promotion to health restoration.
c. Interventions to promote and restore health, prevent illness, and provide rehabilitation.
d. Interventions to support the individual and family during life stages and experiences including death and dying.
e. Relationship between the nursing plan of care, the therapeutic regimen, and the plans of other health care professionals.
f. Criteria for setting priorities.
g. Strategies for coordinating care resources.
h. Strategies for discharge planning.

**2.1 CLINICAL JUDGMENTS AND RELATED SKILLS** needed to establish a plan of care based on the nursing diagnoses and patient/client preferences in collaboration with the patient/client and other health care providers.
a. Identify goals and select interventions.
b. Coordinate care plan with patient/client goals.

c. Monitor consistency between the nursing plan of care and the plans and intents of other health care professionals.
d. Communicate plan to nurses and other health care providers.

3. **KNOWLEDGE NEEDED TO IMPLEMENT THE PLAN OF CARE.**
   a. Health practices and behaviors related to cultures, belief systems, and the environment.
   b. Patterns and modes of communication.
   c. Rights and responsibilities of people related to health care.
   d. Physical, emotional, and cultural responses to illness and disease, such as pain, dyspnea, anxiety, and loneliness.
   e. Biological, psychosocial, and spiritual aspects of nursing interventions.
   f. Principles and theories of factors that maintain or restore health such as nutrition, rest, and exercise.
   g. Physiological and psychological aspects of the healing process.
   h. Properties, effects, and principles underlying the use and administration of therapeutic agents including pharmaceuticals, blood products, and oxygen.
   i. Principles of asepsis.
   j. Theories and strategies of stress management and crisis intervention.
   k. Framework for ethical decision making.
   l. Legal parameters of nursing practice and health care.
   m. Interdisciplinary resources and relationships.

3.1 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to assist the individual to meet basic physiological needs in any state of health or setting.
   a. Promote a safe, comfortable environment conducive to the optimal health and dignity of the individual.
   b. Assist individual to meet nutritional and fluid and electrolyte needs.
   c. Assist individual to meet elimination needs.
   d. Assist individual to meet oxygenation needs.
   e. Assist individual to attain adequate activity, comfort, rest, and sleep.
   f. Assist individual with activities of daily living.
   g. Promote rehabilitation.
   h. Provide initial intervention for selected emergencies.

3.2 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to assist the individual and family to address psycho-social and spiritual concerns related to health care needs, for example, death and dying, stress, body image, self-esteem, and sexuality.

a. Promote psychosocial well-being.
b. Promote the adequacy of sensory stimulation.
c. Foster individual and family growth during developmental transitions.
d. Promote individual and family integrity and autonomy.

3.3 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to assist other health care providers to carry out the health care plan.
a. Administer medications and treatments.
b. Assist nurse clinician, nurse practitioner, or physician with frequently performed procedures.
c. Monitor responses to treatments and communicate them to other health care professionals.

3.4 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to assist the individual and family to identify ethical and legal issues that affect health needs, such as right to die or refuse treatment, informed consent, and use of least restrictive restraints.
a. Interpret health rights to patients/clients.
b. Recognize ethical and legal concerns.
c. Use interdisciplinary resources to address ethical and legal concerns.

3.5 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to document patient/client information and communicate to other nurses and health care providers.
a. Use standard terminology and form.
b. Provide concise, pertinent, and complete data.

4. **KNOWLEDGE NEEDED TO DEFINE LEARNING NEEDS OF INDIVIDUALS AND GROUPS RELATED TO HEALTH.**
a. Developmental norms and situation variables affecting learning.
b. Principles of learning.
c. Principles, methods, strategies and outcomes related to health teaching.

4.1 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to educate individuals and small groups concerning the promotion, maintenance, and restoration of health.
a. Develop teaching plans for common situations incorporating short and long-range goals of individuals, families, and groups.
b. Implement the teaching plan using various teaching and learning strategies.
c. Evaluate learning outcomes.

5. **KNOWLEDGE NEEDED TO EVALUATE PATIENT/CLIENT RESPONSES TO THERAPEUTIC INTERVENTIONS.**
   a. Methods for measuring goal attainment.
   b. Methods for evaluating the quality of nursing practice.

5.1 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to evaluate the quality of care in terms of patient/client understanding and satisfaction, health and disease states, illness experiences, and cost effectiveness.
   a. Compare expected and achieved outcomes of care.
   b. Identify reasons for deviation from plan of care.
   c. Alter plan of care and/or expected outcomes.

6. **KNOWLEDGE NEEDED TO PROVIDE CARE FOR MULTIPLE* PATIENTS/CLIENTS.**
   a. A model for the delivery of nursing care.
   b. Characteristics, trends, and issues of health care delivery.
   c. Basis for determining priorities in care situations including principles of triage.
   d. Decision-making processes within organizations.
   e. Principles of delegation, supervision, and collaboration.

6.1 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to provide direct care to multiple* patients/clients in acute, long term, and community settings.
   a. Identify priorities and make judgments concerning the needs of a group of patients/clients.
   b. Implement multiple plans of care.

7. **KNOWLEDGE NEEDED TO USE AN ANALYTICAL APPROACH AS THE BASIS FOR DECISION MAKING IN PRACTICE.**
   a. Nursing process.
   b. The scientific method.
   c. A conceptual model of nursing practice as a means of planning care and solving clinical problems.
   d. Sources of information including clinical data and research findings.

7.1 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to use clinical data and research findings as a basis for practice.
   a. Analyze published and unpublished clinical studies.
   b. Identify areas or problems for study.
   c. Participate in evaluation of nursing practice activities.

*Three or more

*COORDINATOR OF CARE*

As the coordinator of health care, the nurse is involved in organizing and facilitating the delivery of comprehensive, efficient, and appropriate service to individuals, families, groups, and communities. The coordinator of care is aware of other providers' services, the complexity of human and material resources, and the importance of collaboration with patients/clients, their support systems, and a variety of providers. During the planning and coordinating of care, the nurse demonstrates the ability to conceptualize the total continuing health needs of the patient/client and the impact of critical issues including legal and ethical aspects of care. Planning and coordinating skills, though fundamental to nursing, require ongoing practice and experience.

8. **KNOWLEDGE NEEDED TO COORDINATE HUMAN AND MATERIAL RESOURCES FOR PROVISION OF CARE.**
   a. Theories of leadership, decision making, motivation, and management.
   b. Group process as a means for achieving mutual goals.
   c. Human and material resources for providing quality care.

8.1 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to promote positive work group relationships that facilitate identification and attainment of nursing care goals.
   a. Use leadership skills to meet goals and enhance quality of nursing care.
   b. Identify change strategies appropriate to goal attainment.

8.2 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to guide and supervise nursing care.
   a. Assist nursing personnel to implement nursing care plan.
   b. Supervise implementation of care plan.

8.3 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to participate in evaluation of group members according to established protocol and using predetermined criteria.
   a. Evaluate the care administered by other group members.
   b. Facilitate changes in group member's performance to improve care.

9. **KNOWLEDGE NEEDED TO COLLABORATE WITH PATIENTS/CLIENTS, CO-WORKERS, AND OTHERS FOR PROVISION OF CARE.**
   a. Patterns and modes of effective communication and collaboration.
   b. Strategies for initiating change in behavior patterns.

c. Effects of system organization on social interaction within the system.
d. Structure and function of the health care delivery system and relationships between the system and other social systems.

9.1 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to collaborate with patients/clients, co-workers, and others to improve health care for individuals, families, and groups.
a. Seek opportunities to work with patients/clients and other health care providers to improve health care.
b. Promote and participate in interdisciplinary health planning within and among health care systems.

10. **KNOWLEDGE NEEDED TO REFER INDIVIDUALS AND THEIR FAMILIES TO APPROPRIATE SOURCES OF ASSISTANCE.**
a. Referral process.
b. Community services, institutional resources, and the roles of other health care providers.
b. Interdependence of the roles of health care professionals in various delivery systems.
c. Family and other support systems of the individual.

10.1 **CLINICAL JUDGMENTS AND RELATED SKILLS** needed to refer individuals and their families to appropriate resources when necessary to meet health needs.
a. Identify providers and resources to meet patient/client needs.
b. Assist individuals to communicate needs to their support systems and other health care providers.

11. **KNOWLEDGE NEEDED TO FUNCTION WITHIN THE ORGANIZATIONAL STRUCTURE OF VARIOUS HEALTH CARE SETTINGS.**
a. Principles of organizational behavior.
b. Relationships between nursing, medical, and administrative components of the organization.
c. Types of organizational structures and their interrelationships in health care settings.
d. Individual and group responses to anticipated change in organizations.
e. Individual, organizational, and environmental factors that promote or inhibit change.
f. Strategies for initiating and facilitating change.
g. Methods for containing health care costs.
h. Methods for promoting safety.

**11.1 CLINICAL JUDGMENTS AND RELATED SKILLS** needed to facilitate changes in health care.

a. Identify activities that, if changed, would improve health care.
b. Participate in planning, implementing, and evaluating changes that lead to improvement in the work setting.

**11.2 CLINICAL JUDGMENTS AND RELATED SKILLS** needed to promote cost containment through appropriate use of human and material resources.

a. Select human and material resources that are optimal, legal, and cost effective.
b. Identify problems and work with other providers to resolve them.

**11.3 CLINICAL JUDGMENTS AND RELATED SKILLS** needed to promote a safe environment for patients/clients and health care providers.

a. Monitor effectiveness and safety of the environment and equipment.
b. Refer problems to appropriate individuals.

*MEMBER OF A PROFESSION*

The nurse as a member of a profession assumes responsibility for the quality of nursing care for patients/clients in his or her immediate case load as well as for others in the clinical setting. The nurse applies knowledge and research findings to practice and raises questions for further research about how practice should be conducted in a changing health care environment. The nurse is aware of legislative, regulatory, ethical, and professional standards that define the scope of practice. As a professional, the nurse aspires to improve the discipline of nursing and its contribution to society through participation in professional organizations and the use of the political process. The professional nurse is committed to the value of collegiality and the need for life-long learning and continual growth toward expert practice.

**12. KNOWLEDGE NEEDED TO DEMONSTRATE ACCOUNTABILITY FOR OWN NURSING PRACTICE.**

a. Established standards and definitions of nursing practice.
b. Codes of ethics concerning nurses and nursing practice.
c. Legal parameters of nursing practice and health care.
d. Historical and political aspects of nursing as a profession.
e. Issues and trends affecting the nursing role and health care delivery.
f. Process of self-evaluation to determine learning needs.

g. Sources of appropriate continuing education.
h. Implications of theoretical and technological changes for nursing practice.

**12.1 PROFESSIONAL JUDGMENTS AND RELATED SKILLS** needed to practice responsibly and accountably within legal, ethical, professional, and institutional parameters.
a. Evaluate own level of practice and seek methods for improvement.
b. Identify mechanisms for resolving concerns and conflicts related to practice.

**12.2 PROFESSIONAL JUDGMENTS AND RELATED SKILLS** needed to recognize own learning needs and seek opportunities to meet them.
a. Establish goals and set a plan for achieving them.
b. Identify and participate in formal and informal educational offerings.
c. Evaluate progress toward achieving one's goals.

**13. KNOWLEDGE NEEDED TO SERVE AS A HEALTH CARE ADVOCATE IN MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICES.**
a. The role of the health care advocate and the advocacy process.
b. Rights and responsibilities of people relative to health care.
c. Methods for evaluating the quality of nursing practice and health care.
d. Formal and informal sources of power to initiate change.
e. The interactive nature of the sociopolitical, economic, and legislative arenas and the system of health care delivery.

**13.1 PROFESSIONAL JUDGMENTS AND RELATED SKILLS** needed to act as a health care advocate.
a. Identify health needs that are not being met.
b. Promote collaboration with other professional resources and agencies.

**13.2 PROFESSIONAL JUDGMENTS AND RELATED SKILLS** needed to participate in evaluation of nursing practice through quality assurance programs.
a. Compare quality of care and outcomes with established standards.
b. Identify change strategies appropriate to the improvement of care.
c. Evaluate effectiveness of changes in care.

**13.3 PROFESSIONAL JUDGMENTS AND RELATED SKILLS** needed to participate in monitoring nursing and health care services to ensure safe, legal, and ethical health care practices.

a. Compare observed care to established standards for appropriate care.
b. Take action to correct health care practices not meeting established standards.

**14. KNOWLEDGE NEEDED TO PROMOTE NURSING AS A PROFESSION.**

a. Trends and issues confronting nursing and health care.
b. Methods of organizing groups of people to bring about change.
c. Existence and functions of major nursing organizations.
d. Political action process.

**14.1 PROFESSIONAL JUDGMENTS AND RELATED SKILLS** needed to support activities of the profession that improve nursing and health care delivery and advance the discipline of nursing.

a. Participate in activities that focus on health care improvement.
b. Promote consumer awareness of nursing's contribution to health promotion and health care delivery.
c. Promote collegiality and collectivity among nurses.

## CONCLUSIONS

In this document, we have recommended the essential education for the professional nurse. These essentials provide a standard by which faculty can measure the content of the curriculum and the performance of the graduate. When the essentials have been incorporated into nursing curricula, employers of nurses can use them as a base for new graduate orientation programs. The essentials also provide a solid foundation for future personal and professional growth of individual students and graduates as well as for the development of the nursing profession itself.

Program length and the structure and implementation of the curriculum are the responsibility of the faculty of each academic institution, however, college and university students in all nursing programs should obtain the essentials identified for the first professional degree in nursing. Traditionally, the first professional degree in nursing has been the baccalaureate. The Panel believes these essentials can be achieved within a baccalaureate program. We challenge faculty to review and revise, if needed, curricular content and teaching strategies to achieve this goal. **We recommend that the American Association of Colleges of Nursing review and revise this document in three to five years.**

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The Essentials Report was endorsed by the members of the American Association of Colleges of Nursing at the October 1986 Semi-Annual Meeting in Washington, DC. The Board of Directors was instructed to develop plans for implementation of the essentials.

A major publication is being prepared that will include a description of the conduct and results of the Project, background papers commissioned for the Project, and papers defining appropriate teaching and evaluation strategies related to the implementation of the essentials.

# APPENDIX

## NURSING INTERVENTIONS AND CLINICAL SKILLS

All skills, regardless of the level of achievement, will be performed safely, focus on acceptable outcomes, and cause no undue physical or psychosocial harm. The term *supervision* denotes the need for validation of skill performance, rather than the need for instruction. Three levels of achievement are used to describe the practice of the entry level professional nurse.

Key for Achievement Levels

| | |
|---|---|
| PROFICIENT: | Able to make clinical judgments and carry out related nursing interventions without supervision and adapt them to patients/clients in a variety of situations. |
| INTERMEDIATE: | Able to make clinical judgments and carry out related nursing interventions with limited supervision. |
| BEGINNING: | Able to make clinical judgments and carry out related nursing intervention with supervision. |

Clinical judgments and nursing interventions at the proficient level have been carried out in multiple clinical settings and those at the intermediate level in at least one setting. Clinical judgments and interventions at the beginning level have been practiced in a laboratory setting and, in some instances, in a clinical setting.

In the determination of the minimal level of achievement for the essentials, the panel and work groups took a number of considerations in mind including relationship to clinical judgment, availability of clinical experiences, complexity, and importance to professional practice.

**The panel recommends that graduates of all professional nursing programs possess the nursing interventions and clinical skills necessary to make clinical judgments.** The following table presents examples of nursing interventions and clinical skills with designated achievement levels for three roles of the nurse: provider of care, coordinator of care, and member of a profession. The provider of care section is furthered organized by assessment, intervention, and evaluation skills. Some graduates will exceed the designated level of achievement initially; many will do so after an orientation. Graduates are expected to proceed to higher levels of achievement on an individual basis.

### EXAMPLES OF NURSING INTERVENTIONS AND CLINICAL SKILLS AND LEVEL OF ACHIEVEMENT

*PROVIDER OF CARE*

*Assessment Skills* such as:

Proficient:
- Measure height and weight
- Measure vital signs
- Obtain body measurements
- Obtain clean urinary specimen
- Use communication skills

*Assessment Skills* (cont.)

Intermediate:
- Assess health status using interview, inspection, palpation, percussion, and auscultation
- Determine priorities
- Insert intravenous needle
- Insert urinary catheter
- Obtain culture and blood specimen
- Set goals
- Solve assessment problems
- Use collaboration, coordination, and observation skills

Beginning:
- Administer developmental, functional, and psychosocial screening tools
- Use consultation skills

*Intervention Skill*: such as:

Proficient:
- Administer enema
- Administer oral, topical, sub-cutaneous and intramuscular medications
- Administer oxygen
- Administer Sitz bath
- Apply anti-embolic hose
- Apply hot and cold packs
- Apply siderails
- Apply soft restraints
- Assist to ambulate with walker, cane, and crutches
- Assist to change environment
- Assist to cough and deep breathe
- Calculate medication dosage
- Conduct change of shift report
- Feed by mouth
- Make occupied, unoccupied, and surgical beds
- Manage intravenous therapy
- Manage naso-gastric tube
- Manage urinary catheter
- Measure intake and output
- Monitor medication effects and side effects
- Monitor nutritional intake- calories, nutrients, fluids, and electrolytes
- Promote physical exercise
- Provide hair and nail care and oral hygiene
- Provide range of motion exercises
- Provide skin care- give back rub and monitor for breakdown
- Record health data
- Suction nose and throat
- Transfer to chair, wheelchair, and stretcher
- Transport in wheelchair and stretcher
- Use basic and surgical handwashing techniques
- Use communication skills
- Use positioning skills
- Use sterile technique

Intermediate:
- Adapt diet to preferences and needs
- Administer basic cardiac life support (BCLS Certified)
- Administer cast care
- Administer Heimlich maneuver

*PROVIDER OF CARE (cont.)*

*Intervention Skills* (cont.)

Intermediate (cont.)

- Administer intravenous medication
- Administer ostomy care
- Assist with vaginal examination
- Attach piggy-back fluid
- Change dressing
- Conduct patient/client interview
- Determine priorities
- Encourage relaxation techniques
- Establish airway
- Evaluate clinical data and research findings
- Facilitate group process
- Feed by gastrostomy
- Insert intravenous needle
- Insert naso-gastric tube
- Insert urinary catheter
- Irrigate urinary catheter
- Locate emergency equipment and drugs
- Maintain heparin lock
- Maintain isolation technique
- Make decisions
- Modify environment to increase sensory stimulation
- Monitor response to ventilator
- Provide anticipatory guidance
- Provide bladder and bowel training
- Provide health teaching
- Provide pulmonary hygiene
- Record emergency team activities
- Retrieve information
- Search literature
- Solve intervention problems
- Use collaboration, coordination, negotiation, observation, and organizational skills
- Use teaching skills- contracting and discussion
- Use therapeutic communication- attending, clarifying, coaching, counseling, facilitating, and touching

Beginning:

- Administer intravenous push, blood, and blood products
- Apply splint
- Apply traction apparatus
- Assist with biopsy
- Assist with spinal tap
- Control hemorrhage
- Insert airway
- Manage chest tube and surgical drain
- Monitor psychological crisis
- Provide basic first aid
- Provide tracheotomy care
- Use change strategies
- Use computer for information storing and retrieval
- Use crisis interventions skills
- Use teaching skills- demonstration and role playing

*Evaluation Skills*, such as:

Proficient:
- Record health data
- Use communication skills

Intermediate:
- Administer evaluation tools
- Collaborate with colleagues
- Determine criteria
- Determine priorities
- Measure health outcomes
- Revise goals
- Solve evaluation problems
- Use observation skills

Beginning:
- Analyze results of evaluation tool

*COORDINATOR OF CARE*

*Clinical skills* such as

Proficient:
- Record health data
- Use communication skills

Intermediate:
- Assist individual and family to use community resources
- Demonstrate an assertive manner
- Facilitate group process
- Measure health outcomes
- Solve coordination problems
- Use collaboration, coordination, delegation, leadership, negotiation, and organizational skills
- Use observation skills
- Use referral techniques
- Use teaching skills
- Use therapeutic communication: coaching and counseling

Beginning:
- Resolve conflict
- Use change strategies

*MEMBER OF A PROFESSION*

*Professional skills*, such as

Proficient:
- Use communication skills

Intermediate:
- Determine priorities
- Facilitate group process
- Set goals
- Solve problems
- Use an assertive manner
- Use collaboration, leadership, and negotiation skills
- Use observation skills

Beginning:
- Use change strategies

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